

## R430-100-20. ACTIVITIES.

- (1) The provider shall post a daily schedule for preschool and school-age groups. The daily schedule shall include, at a minimum, meal, snack, nap/rest, and outdoor play times.

### Rationale / Explanation

*All child care facilities need a written description of the planned daily activities so staff and parents have a common understanding of the services and activities being provided to children. CFOC, pg. 47 Standard 2.001*

*The posted daily schedule also allows licensors to verify that meals and snacks are served at minimal required intervals, that scheduled nap times do not exceed 2 hours, and that outdoor play is offered daily, weather permitting.*

### Enforcement

*A center could have a combined daily schedule (required in this rule) and activity plan [required in (3) below], if it includes both the times of day activities occur, and the specific activities offered to children.*

*If the center posts all of the daily schedules together in one place, such as on a parent bulletin board at the front of the center, rather than in the individual classrooms, the center will be considered in compliance with this rule.*

*If there is a daily schedule posted for the majority of the rooms where it is required (preschool and school-age), and is available for those rooms where it is not posted, the center will be considered in compliance with (1).*

*If a center has a variance for a combined toddler-twos class, the class does not need a posted daily schedule.*

*School-age groups do not need to have a scheduled nap time, but should have a scheduled time for quiet activities for children who need a break from busier activities.*

*If the center's meal times are scheduled more than three hours apart, cite R430-100-15(2), not this rule.*

*Always Level 3 Noncompliance.*

- (2) Daily activities shall include outdoor play if weather permits.

### Rationale / Explanation

*Outdoor play is not only an opportunity for learning in a different environment. It also provides many health benefits. Generally, infectious disease organisms are less concentrated in outdoor air than in indoor air. Light exposure of the skin to sunlight promotes the production of vitamin D that growing children require. Open spaces in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that are difficult to duplicate indoors. CFOC, pgs. 51-52 Standard 2.009*

### Enforcement

*On days when air quality is rated poor/red due to a winter inversion, children are not required to have outdoor play time.*

*For information about air quality visit:*

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- [www.ksl.com](http://www.ksl.com)
- <http://www.airquality.utah.gov>
- [www.cleanair.utah.com](http://www.cleanair.utah.com)

*Always Level 3 Noncompliance.*

- (3) The provider shall offer activities to support each child's healthy physical, social-emotional, and cognitive-language development. The provider shall post a current activity plan for parent review listing these activities in preschool and school age groups.**

### Rationale / Explanation

*The purpose of this rule is to ensure that providers have and carry out a plan for supporting children's healthy development, and they communicate this plan to parents. Reviews of children's performance after attending out-of-home child care indicate that children attending facilities with a well-developed plan of activities achieve appropriate levels of development. CFOC, pg. 47 Standard 2.001; pgs. 54-58 Standards 2.014–2.026*

*Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first ten years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain, by Rima Shore; Ten Things Every Child Needs for the Best Start in Life, the Robert T. McCormick Tribune Foundation; How a Child's Brain Develops and What it Means for Child Care and Welfare Reform, Time, February 3, 1997.*

### Enforcement

*A center could have a combined daily schedule [required in (1)] and activity plan (required in this rule), if it includes both the times of day activities occur, and the specific activities offered to children.*

*If the center posts all of the activity plans together in one place, such as on a parent bulletin board at the front of the center, rather than in the individual classrooms, the center will be considered in compliance with this rule.*

*If a center has a variance for a combined toddler-tuos class, the class does not need a posted activity plan.*

*If there is an activity plan posted for the majority of the rooms where it is required (preschool and school-age), and is available for those rooms where it is not posted, the center will be considered in compliance with (3).*

*The specific activities or kinds of activities a center offers to support children's healthy development are to be determined solely by the licensee, as Utah law prohibits the Department of Health from regulating the educational curricula, academic methods, or educational philosophy or approach of the provider. Licensors may not evaluate the content of a center's activity plans.*

*Always Level 2 Noncompliance.*

- (4) The provider shall make the toys and equipment needed to carry out the activity plan accessible to children.**

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### Rationale / Explanation

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*Always Level 2 Noncompliance.*

### **(5) If off-site activities are offered:**

- (a) the provider shall obtain written parental consent for each activity in advance;**

### Rationale / Explanation

*An off-site activity means any activity in which children leave the center premises. This includes walking field trips. The purpose of this rule is to protect both children and providers by ensuring that children are never taken off-site without written parental permission. CFOC, pgs. 362-363 Standard 8.049*

*Examples of possible harm when this happens include a child who has a health care need that is not met because their parent didn't know they were being taken on an off-site activity. (For example, if a child with an ear infection is taken swimming.)*

### Enforcement

*Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.*

*This rule means that parents must be informed of the days and times when children will be taken on off-site activities. If providers have a regularly repeating off-site activity, they may get permission once for all instances of that activity, provided the permission informs the parents of both the day and time when the activity will occur. For example, a provider may get blanket permission to take the children on a neighborhood walk every Tuesday*

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morning at 10 am, or to take the children to swimming lessons every Wednesday afternoon at 4 pm.

Prior written parental permission is not needed for spontaneous walking field trips when the children are away from the facility for no more than 60 minutes and are within ½ mile of the facility, if a notice is posted that includes when the children left the center, the time children will return to the center, the final destination of the trip, and the route to and from that location.

Always Level 3 Noncompliance.

- (5) **If off-site activities are offered:**
- (b) **caregivers shall take written emergency information and releases with them for each child in the group, which shall include:**
- (i) **the child's name;**
  - (ii) **the parent's name and phone number;**
  - (iii) **the name and phone number of a person to notify in the event of an emergency if the parent cannot be contacted;**
  - (iv) **the names of people authorized by the parents to pick up the child; and**
  - (v) **current emergency medical treatment and emergency medical transportation releases;**

### Rationale / Explanation

*Injuries are more likely to occur when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety rules. Emergency information is the key to obtaining needed care in emergency situations. Both caregivers and emergency personnel must have access to this information in an emergency. CFOC, pgs. 60-61 Standard 2.029; pgs. 359-360 Standard 8.047*

### Enforcement

*Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.*

*Caregivers must take the emergency information specified in this rule with them when children are being taken off-site to and from school, including being walked to school.*

*Level 1 Noncompliance: If a lack of this information results in an emergency situation in which caregivers did not have needed information.*

*Level 3 Noncompliance otherwise.*

- (5) **If off-site activities are offered:**
- (c) **the provider shall maintain required caregiver to child ratios and direct supervision during the activity;**

### Rationale / Explanation

*Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a*

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caregiver must be able to see and hear the children. Staff should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location, or a child wandered off when a door was open. Regular counting of children can alert the staff to a missing child. CFOC, pgs. 58-59 Standard 2.028

Injuries are more likely to occur during off-site activities when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures unless they are closely supervised at all times. CFOC, pgs. 60-61 Standard 2.029

For a full rationale /explanation of the required caregiver to child ratios, see R430-100-11(4) above.

### **Enforcement**

Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.

Caregivers must provide the direct supervision required in this rule when children are being taken off-site to and from school.

During an off-site activity parent volunteers may be used. However, the children must still be under the direct supervision of a qualified caregiver who has passed a background screening and meets all of the other caregiver requirements. If a parent is the only one in the car with children in care other than their own, the parent would need to meet the volunteer caregiver requirements (pass a CBS/LIS, complete orientation training, have first aid and CPR, etc.)

Supervision:

Always Level 1 Noncompliance.

Ratios:

Noncompliance levels for ratios are the same as those specified in Section 11 for rules R430-11(4) and (6).

**(5) If off-site activities are offered:**

**(d) at least one caregiver present shall have a current Red Cross, American Heart Association, or equivalent first aid and infant and child CPR certification;**

### **Rationale / Explanation**

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC, pgs. 21-22 Standard 1.026; pgs. 60-61 Standard 2.029

### **Enforcement**

Off-site activities are activities in which one or more children and caregivers leave the facility property to engage

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*in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.*

*If a provider indicates they **do not have** someone on all off-site activities with the required first aid and/or CPR certification cite this rule. If the provider indicates they **do have** these records for the required individuals, but **cannot find them** during an on-site visit, cite R430-100-9(1)(i)(viii) **only** as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite this rule.*

*Level 2 Noncompliance: If there is a life-threatening emergency and there is not a certified person, and the group does not have a phone with them to call 911.*

*Level 3 Noncompliance otherwise.*

- (5) **If off-site activities are offered:**  
(e) **caregivers shall take a first aid kit with them;**

### Rationale / Explanation

*The purpose of this rule is to ensure centers have the supplies needed to respond to minor injuries of children, while also ensuring that children are not injured by having access to harmful items in the kit. CFOC, pg. 226 Standard 5.093*

### Enforcement

*Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.*

*Always Level 3 Noncompliance.*

- (5) **If off-site activities are offered:**  
(f) **children shall wear or carry with them the name and phone number of the center, but children's names shall not be used on name tags, t-shirts, or other identifiers; and**

### Rationale / Explanation

*The purpose of this rule is so that the center can be contacted if a child becomes lost while on a field trip and the group cannot be found at the field trip site. The purpose of not using children's names on identifiers is so that strangers cannot call a child by his or her name. Children may be more likely to respond to a stranger who approaches them if the stranger calls the child by their name.*

### Enforcement

*Off-site activities are activities in which one or more children and caregivers leave the facility property to engage in an activity. Children and caregivers may walk to and from the activity, or use transportation. If transportation is used, there must be compliance with the transportation rules found in R430-100-21.*

*Level 1 Noncompliance: If a child becomes lost and does not have the center's name and phone number, or if a child is abducted and their name was used on their identifier.*

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Level 3 Noncompliance otherwise.

- (5) If off-site activities are offered:
- (g) caregivers shall provide a way for children to wash their hands as specified in R430-100-16(2). If there is no source of running water, caregivers and children may clean their hands with wet wipes and hand sanitizer.

### Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024

Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020

For more information on handwashing, see R430-100-16(1) above.

### Enforcement

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Always Level 3 Noncompliance.

- (6) If swimming activities are offered, caregivers shall remain with the children during the activity, and lifeguards and pool personnel shall not count toward the caregiver to child ratio.

### Rationale / Explanation

Constant vigilant supervision of children near any body of water is essential. Each year approximately 1,500 children under age 20 drown, many in swimming pools. In a comprehensive study of drowning and submersion incidents involving children under 5 years of age, the Consumer Product Safety Commission found that pool submersions involving children happen quickly. Seventy-seven percent of the victims had been missing from sight for 5 minutes or less, and splashing often did not occur to alert anyone that the child was in trouble. Careful supervision is also needed to ensure that children do not engage in dangerous behavior around swimming pools. CFOC, pgs. 112-114 Standards 3.045, 3.046

### Enforcement

During an off-site activity parent volunteers may be used. However, the children must still be under the direct

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*supervision of a qualified caregiver who has passed a background screening and meets all of the other caregiver requirements.*

*Always Level 2 Noncompliance.*